TRANSMITTAL OF SHOP DRAWINGS, EQUIPMENT DATA, MATERIAL SAMPLES, OR					DATE			TRANSMITTAL NO.		
MANUFACTURER'S CERTIFICATES OF COMPLIANCE					04/30/2008			01 57 20-7		
	(Read instructions on the reverse side									
TO: 0:10	SECTION I - REQUEST		. OF THE FOLLOWING ITEMS	(This s	ection will be in	nitiated by the	contractor)			
TO: Gulf Coast Area Office FROM: Weeks Marine U.S. Army Corps of Engineers			ne, Inc.	CONTRACT NO.			CHECK ONE:			
U.S. Army Corps of Engineers 6320 South Dale Mabry Highway 304 Gaille		304 Gaille D	aille Drive		W912EP-08-C-0007 NA			X THIS IS A NEW TRANSMITTAL		
oomo oodii odic imbily riigiliyay			Covington, LA 70433					THIS IS A RESUBMITTAL OF TRANSMITTAL		
SPECIFIC	ATION SEC. NO. (Cover only one section with each	PROJECT TITLE AN	ND LOCATION							
transmittal	, O, D, E0	1130	985 Lee County - Captiva Renourish C	aptiva, Lee	County, FL		CHECK ONE: THIS TRANSMITTAL IS FOR X FIO GA DA CR			
NO.	DESCRIPTION OF ITEM SUBMITTED (Type size, model number/etc.)		MFG OR CONTR. CAT., CURVE	NO. OF	CONTRACT REFERENCE DOCUMENT		FOR CONTRACTOR	VARIATION F	FOR	
			DRAWING OR BROCHURE NO.	COPIES	SPEC.	DRAWING	USE CODE	Instruction	CE USE	
a.	b .		(See instruction no. 8)	1 .	PARA. NO.	SHEET NO.		No. 6)	CODE	
	Project Environmental Summary Sheet		CLOSEOUT SUBMTL	d.	e.	f.	g.	h.	l.	
_	1 1 Jose Estational Carminary Officer		CLOSEOUT SUBMIL	2	1.5		Α	N		
									/	
				ľ						
REMARKS					I certify that th	l le above submit	led items have he	hawaiyar na		
Project Em	vironmental Summary Sheet.	I certify that the above submitted items have been reviewed in detail and are correct and in the strict conformance with the								
No occurre	nce of environmental incidents.	contract drawings and specifications except as otherwise stated.								
					N 00	0 -/)			
			Collectante 5-2-08							
							· · · · · · · · · · · · · · · · · · ·			
		OFAT	ONU ADDROVAL ACTION			NAME AND SIGI	ATURE OF CON	FRACTOR		
ENCLOSU	RES RETURNED (List by item No.)		ON II - APPROVAL ACTION		A p 3 may 2 per man 1					
minuted (List by (G)) (10.)			NAME, TITLE AND SIGNATURE OF APPROVING AUTHORITY				DATE			
							1			

Project Environmental Summary Sheet

construction activities whose anticipated duration is more than one calendar year, a sheet shall be completed

Note: This sheet shall be submitted within 30 days following completion of the project. In addition, for

each May 31st (plus/minus 14 days). The Contractor will prepare this sheet so as to include all

	ormation also. Original data will be for Division, P.O. Box 4970, Jacksonville		
Today's date:	5-2-08		Page: 1 of 2
Project Name: CAPTIV Project Solicitation Nu	a Nouristment Project Promber: W912EP-08-C-0007 Pro	oject Notice to Proceed I oject Contract Number: \	Date: 3-17-08 W912EP-08-C-0007
Permit Condition/		Date of Anticipated	EDGING MOB, DEMONITY MONIT
Activity	% Completion	Completion	Completion
Dredgingietc. See Above:	100./.	5-6-08	5-2-08
See Above?			
2. Describe project sur	vey benchmark if a structure is inve		
3. Check whether the f	following environmental incidents of	occurred: Yes*:	<u>No</u> :
a. Spill of petr	oleum or hazardous substance		<u>No</u> :
 b. Surface wat 	er or ground water contamination e	vent	<i>50</i>
c. Air pollution	n event) 20 0
d. Monitoring	sample outside limit		×
e. Required sa	mpling or monitoring not conducted	d	X
f. Event which	threatened or actually harmed:		
i. Vegeta	tion, habitat, or wetland		×
ii. Human	, fish, bird, or other wildlife specie	s \square	×
iii. Protect	ed soil or water bottom		X X X
iv. Histori	c, archeological, or cultural resourc	es 🛭	×
	violation, regulatory warning, permewsworthy event, or other (describe		×
4. For each asterisked (į	*	
b. Describe ho	w, when, and if incident reported (i	nitially and subsequently	y):
c. Describe act	which resulted in incident:		
d. Describe any	y failures of containment systems, c	contingency plans, or em	ergency procedures:
e. Describe sev	erity or extent of incident and land	owner(s) affected:	
f. Describe hov	v situation corrected and verified:		

- g. List and describe costs involved with incident correction (\$\(\frac{\mathbb{N}}{\tau}\):
- h. Additional sheets, sketches, pertinent photographs with annotations and dates, daily reports, or other items attached? Yes No X

Contractor Signature: Which File
Typed or Handwritten Name: COHEEN BRAZIL
Position: QUAUTY CONTROL MANAGER
Company Name, Address, and Telephone Number:

WEEKS MARINE, INC. 304 Gaille DR. Covington, LA 70433 985-875-2500